

VERIFICATION OF TRAINING AND COMPETENCY IN THE APPLICATION AND REMOVAL OF A DENTAL DAM

Authority: 1978 PA 368

This certification form must be submitted directly to this office by the R.D.A. school where the dental assistant educational program was completed.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)	Date of Birth
Name of School	Date of Completion
Applicant's Signature	Date

Remainder of Form to be R.D.A School:

CERTIFICATION AND SIGNATURE

I certify the applicant named above has completed the required training in the application and removal of a dental dam as established by the ADA. This applicant is competent in the knowledge and skill required in the application and removal of a dental dam including acceptable competency in clamp stable/ligation application and having contacts and sub-gingival area free of material during removal.

Further the applicant has exhibited acceptable competency in five of the following seven areas of application or removal of the dental dam: Application – dam properly punched, inverted and/or ligated to prevent leakage, frame properly placed, stabilization, or dam placement. Removal – soft tissue condition or aseptic technique observed.

 Authorized Signature

 Date

 Print/Type Name and Title

 (Seal)